

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK

LISA M. VANCE Plaintiff(s)

vs.

Community BANK

Defendant(s)

Civil Case No.:

6:21-CV-1214 (TJM/ATB)

COMPLAINT PURSUANT  
TO THE AMERICANS  
WITH DISABILITIES ACTPlaintiff(s) demand(s) a trial by: ☒ JURY ☐ COURT (Select only one).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

## JURISDICTION

1. This is a civil action seeking judgment, relief and/or damages brought pursuant to the Americans with Disabilities Act, 42 U.S.C. § 12101 *et seq.*, as amended, for discrimination based upon a disability and the failure to accommodate same. This Court has jurisdiction of this action pursuant to 28 U.S.C. §§ 1331 and 1343(4).

## PARTIES

2. a. Plaintiff:

LISA M. VANCE

Address:

20 GARDNER PLACE

APT # 102

ONEONTA, N.Y. 13820

b. Plaintiff:

Community BANK N.A.

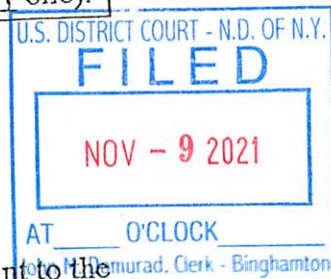
Address:

Attn: DIRECTOR OF HUMAN RESOURCES

5367 STATE ROUTE 38

Newark Valley, N.Y. 13811

Additional Plaintiffs may be added on a separate sheet of paper.



3. a. Defendant: Community BANK  
Official Position: HUMAN RESOURCE DEPARTMENT  
Address: 5367 State Route 38  
Newark Valley, NY 13811

b. Defendant: Community BANK  
Official Position: HUMAN RESOURCE DEPARTMENT  
Address: 5367 State Route 38  
Newark Valley, NY 13811

Additional Defendants may be added on a separate sheet of paper.

4. My disability is as follows:

STAGE 4 COLORECTAL / COLON CANCER  
DIAGNOSED ON 8/28/2019

5. The conduct complained of in this action involves:  
(Check all that apply)

- (A) ☐ Failure to employ.  
 (B) ☒ Termination of employment.  
 (C) ☐ Denial of participation in public service or program.  
 (D) ☐ Failure to make alterations to accommodate disability.  
 (E) ☐ Retaliation.  
 (G) ☐ Other acts as specified below:

6.

### FACTS

On the following page, set forth the facts of your case which substantiate your claim of discrimination. List the events in the order they happened, naming defendants involved, dates and places.

Note: Each fact should be stated in a separate paragraph; paragraphs should be numbered sequentially.

You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint.

You may use additional sheets as necessary.

1. WRONGFUL TERMINATION / ADA - Terminated on 4/23/2020  
THE VII
2. Terminated me while out on Cancer treatment without accommodations.
3. Received 2 letters - I did not submit a resignation letter
  1. Letter of Resignation
  2. Letter of Termination
 Received both letters 4/2020 4/23/2020
4. Other Cancer Employees had longer accommodations and still maintained employment.

7. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

REMEDY TO MAKE IT WHOLE

I declare under penalty of perjury that the foregoing is true and correct.

DATED:

11/9/2021

Lisa M Vance

Lisa M Vance

Signature of Plaintiff(s)  
(all Plaintiffs must sign)